KELSO 203 S. Pacific #208 P.O. Box 819 Kelso, Washington 98626

(360) 423-9922
FAX (360) 423-6591

Date	
File:	
Zoning:	
Reviewed:	

_____State: _____ ZIP: _____

___Date: _____

□ Zoning □ Site Plan Revie □ SEPA Office Use Only		MASTER LAND USE APPLICATION				☐ Type II Review ☐ Type III Review ☐ Type IV Review Office Use Only	
CHECK ALL THAT APPLY AND ATTACH THE APPROPRIATE SUPPLEMENTAL FORM(S)							
☐ Type I Use ☐ Type II Admin ☐ Type III Condi ☐ Site Plan ☐ Design Review	istrative Use tional Use	Admin. Adj. Variance Modification PUD Nonconforming Use Interpretation Text Amendment		Exemption (SSE) Short Subdivision Subdivision (Long) Binding Site Plan Alteration/Vacation Subdivision Variance Sign Permit		Environmental Checklist Appeal: JARPA: Substantial Development Critical Area Shoreline Exemption Reduce Resource Setback	
Type of Project							
						e property that is the subject of the change(s) in land use.	
Applicant (Prope	erty Owner? Y/N): _			Day	Phone	e: ()	
Company (if any	y):			Own	ner of	Parcel(s): (Circle) A B C D	
Address:				ty:	State:	ZIP:	
Signature:				Date	e:		
Representative of	f Applicant (if any):	·					
Company:				Day	Phon	ne: ()	
Address:			Ci	ty: S	State:	ZIP:	
Property Owner	(If different):			Day 1	Phone	e: ()	
Company (if an	y):			Own	er of	Parcel(s): (Circle) A B C D	
Address:			C	ity: S	State:	ZIP:	
Signature:				Date:	:		

If there are additional property owners, provide an attachment in the same format and with the same declaration.

Address: _____City: ____

Signature:

Property Owner (If different):________Day Phone: (_____)

Company (if any):_______Owner of Parcel(s): (Circle) A B C D